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## **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	10/792,161			
Filing Date	March 3, 2004			
First Named Inventor	JOHNSON et al.			
Title	MISCHMETAL OXIDE TBC			
Art Unit	n/a			
Examiner Name	n/a			
Attorney Docket Number	130\/-13810 (07783-0090)			

I he	reby appoint:		· · · · · · · · · · · · · · · · · · ·	1			
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	Assignee of record of the entire interest. See 37 CFR 3.71.						
	Statement under 37 CFR 3.7						
SIGNATURE of Applicant or Assignee of Record							
Nam	e Lyman A. Johnson						
Signature Lyman Wohnson deceased by Mary B. Jahrson							
Date 4-19-04/ Telephone							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
$\boxtimes$	*Total of <u>2</u> forms are submitted.						

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X

Name

Signature Date

Applicant/Inventor.

Robert William Bruce Lieut

\*Total of 2 forms are submitted.

Submit multiple forms if more than one signature is required, see below.

Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

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JOHNSON et al.

513-243

MISCHMETAL OXIDE TBC

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Title

Filing Date First Named Inventor

POWER OF ATTORNEY

## **CORRESPONDENCE ADDRESS Art Unit** n/a INDICATION FORM Examiner Name n/a **Attorney Docket Number** 13DV-13810 (07783-0090) I hereby appoint: Practicioners at Customer 31450 Number: OR Practicioner(s) named below:: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number: The address associated with Customer Number: OR Firm or Individual Name **Address** Address City State Zip Country Telephone Fax I am the:

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